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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	o #)
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PICK-UP	TIAW [MAIL
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(Doc	ument Number)	
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IN VICTOR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	CHARITABLE FOUND	ATION INC		
DOCUMENT NUMB	N1900003650 BER:				
The enclosed Articles	of Amendment and fee are st	abmitted for filing.			
Please return all corres	pondence concerning this ma	atter to the following:			
	ATEF BOULOS				
	Name of Contact Person SAINT TIMOTHY CHRITABLE FOUNDATION INC				
	Firm/ Company 16015 IVY LAKE DRIVE				
	Address ODESSA, FL 33556				
	City/ State and Zip Code				
	BOULOS45@YHOO.COM				
	E-mail address:	(to be used for future annua	report notification)		
For further information	n concerning this matter, plea	se call:			
ATE	F BOULOS	973 at (668-8161		
Name o	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi: P.O.	ling Address Indiment Section Is sion of Corporations Box 6327 Indiasen FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations Building		

Tallahassee, FL 32301



June 24, 2019

ATEF BOULOS 16015 IVY LAKE DR ODESSA, FL 33556

SUBJECT: SAINT TIMOTHY CHARITABLE FOUNDATION, INC.

Ref. Number: N19000003650

We have received your document for SAINT TIMOTHY CHARITABLE FOUNDATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you have submitted is for a profit corporation to become a profit or a social benefit corporation. Because your entity is a not for profit corporation, you have submitted the wrong form. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist III

Letter Number: 419A00012781

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Saint Timothy Charitable Foundation			
DOCUMENT NUMBER: <u>N 19000003 650</u>			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
ATEF BOULOS (Name of Contact Person)			
(Name of Contact Person)			
(Firm/ Company)			
16015 Ivy Lake Drive (Address)			
(Address)			
Gdessa, FL 33556 (City/ State and Zip Code)			
(City/ State and Zip Code)			
boulos 45 @ yahoo. Com E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
ATEF Boulos at 973-668-8161 (Name of Contact Person) (Area Code) (Daytime Telephone Number)			
(Name of Contact Person) (Area Code) (Daytime Telephone Number)			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
☐ \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee			
Certificate of Status Certified Copy Certificate of Status			
(Additional copy is Certified Copy			
enclosed) (Additional Copy is Enclosed)			
Mailing Address Street Address			
Amendment Section Amendment Section			
Division of Corporations Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			
Tallahassee, FL 32301			

* Please See the original document returned letter letter No: 419A00012781

Articles of Amendment to Articles of Incorporation of



2019 JUL 29 PH 2:07

Saint limothy	haritable Four	ndation
(Name of Corporation as	currently filed with the Flori	
N 190000	3650	
(Documer	nt Number of Corporation (if kr	own)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not For</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
NIA		The new
N. [F] name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
D. If amending the registered agent and/or registenew registered agent and/or the new registered		enter the name of the
Name of New Registered Agent:	N/A	
<u> </u>	(Flo	orida street address)
	NIA	, Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	zistered Agent: I am familiar with and accept	the obligations of the position.
	Signature of New Regist	ered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mike</u>	Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change Add Remove	IR	Adly Boulos	6 Empress Dr. Holmdel, NJ 07733
2) Change Add			
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			

E.	. If amending or adding additional Article	s, enter change(s) here:		
•	(attach additional sheets, if necessary). (I			
	N/A			
				
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The	e date of each amendment(s) adoption: $06/1/20/9$ e this document was signed.	_, if other than the
Eff	fective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not becoment's effective date on the Department of State's records.	e listed as the
Ad	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
×	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 06/11/2019	
	Signature Atg Boule 07/24/2019 (By the chairman or vice chairman of the board, president or other officer-if directors	-
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	ATEF BOULOS (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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